

CHANGE OF OWNERSHIP

Part I: Purchasing Organization Information

Name of Organization: _____

Address (PO Box #): _____

City, State, Zip, County: _____

Number/Type Licensed Beds: _____

Owner(s): _____

Operator(s): _____

Part II: Selling Organization Information

Name of Organization: _____

Address (PO Box #): _____

City, State, Zip, County: _____

Number/Type Licensed Beds: _____

Owner(s): _____

Operator(s): _____

Part III: Value of Consideration

Monetary Value of Purchase: \$_____ No./Type Beds: _____

Terms of Purchase: _____

(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: _____

Types of Institutional Health Services: _____

List Service Area by County for Home Health Agencies: _____

On an Attached Sheet Please Address the Following:

*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.

*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).

*3.) Whether the proposal will include the addition of any new beds.

*4.) Whether the proposal will involve the conversion of beds.

*5.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s): _____

Operator(s): _____

Title/Date: _____

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms.

___ YES ___ NO **The above Purchaser and Seller have agreed to these purchase terms.**

Purchaser Signature: _____

Title/Date: _____